

Arizona Department of Water Resources
OFFICE OF ASSURED AND ADEQUATE WATER SUPPLY
500 NORTH THIRD STREET
PHOENIX, ARIZONA 85004-3921
(602) 417-2460

APPLICATION FOR AN ANALYSIS OF WATER ADEQUACY

(Refer to application guidelines for assistance in completing this form)

PART A - GENERAL INFORMATION

1. Name of development: _____
2. Location: _____
Township Range Section(s) County
3. Owner Name: _____ Phone: _____ Address: _____

4. Water Provider: _____ Phone: _____ Address: _____

5. Consultant Name: _____ Phone: _____
Address: _____
6. Primary Contact:
Name: _____ Phone: _____
Address: _____

PART B - WATER DEMAND INFORMATION

1. Include a map of the proposed development, and reference as an attachment: _____
2. Number of lots: _____ Size of lots: _____ Total Acreage: _____
3. Total demand projected for development: _____ acre-feet (AF) per year
Projected water demand per residential lot: _____ gallons per day
Non-Residential demands: Golf course: _____ AF/year Parks: _____ AF/year Lakes: _____ AF/year
Other (specify): _____ AF/year
4. Expected year of completion (build-out): _____

PART C- WATER SUPPLY INFORMATION

1. Please indicate source(s) of water to be used: ☐ Groundwater ☐ Surface Water ☐ Effluent
(If the sources includes non-groundwater supplies, please complete "Supplement C.")
2. Provide a hydrologic study, and reference the attachment: _____
3. a. Method of water distribution: ☐ central distribution system ☐ dry lot subdivision (individual wells)
b. If water is to be obtained from a water provider, include a "Notice of Intent to Serve" agreement and reference the attachment: _____
4. If any wells proposed to serve the development are within one mile of a Water Quality Assurance Revolving Fund or Superfund site (or any monitor wells associated with the site), or if the proposed water supply fails to meet safe drinking water quality standards, provide a study identifying and describing this water and reference the attachment: _____
5. If a "Letter of Water Availability" has previously been issued for this provide a copy of the document and reference the attachment: _____

PART D - FEES

The application fee for an Analysis of Water Adequacy is \$ 1,000. The payment may be made by cash, check, or in some cases, by entry in an existing Department fee credit account. Checks should be made payable to the Department of Water Resources. **Failure to enclose the required fees will cause the application to be returned.**

Fee for Application for Analysis of Water Adequacy:

\$ 1000.00

I DO HEREBY certify that the information contained in this application and all information accompanying it is true and correct to the best of my knowledge and belief.

Owner Name (Please type or print)

Signature

Date

ARIZONA DEPARTMENT OF WATER RESOURCES
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**SUPPLEMENT TO APPLICATION FOR AN ANALYSIS OF
ADEQUATE WATER SUPPLY**

NOTICE OF INTENT TO SERVE

Municipal Water Provider Name (please type or print): _____

ADEQ Public Water System Number (please indicate the number valid for this subdivision): _____

Subdivision/Development Name: _____

The undersigned municipal water provider agrees to provide to the development indicated above an amount of water sufficient to satisfy the water demands of the development as stated in the application for an analysis of adequate water supply or water adequacy. This Notice of Intent to Serve is conditioned upon the provider's receipt of necessary approvals from the Arizona Corporation Commission and other regulatory agencies, and the provider's receipt of all necessary payments.

The municipal water provider, if a private water company, further attests that the subject development is either within the boundaries of the company's existing Certificate of Convenience and Necessity or that a formal request has been filed with the Arizona Corporation Commission to extend the boundaries to include the development.

This Notice of Intent To Serve Agreement is agreed to under the signature of an agent of the municipal water provider authorized to sign the agreement:

Name of Municipal Water Provider's authorized agent (please type or print): _____

Signature of Authorized Agent of Municipal Water Provider

Date